Province of Nova Scotia

Victoria General HOSPITAL

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TO:

The Honourable Clarence Lloyd Gosse,
M.D., C.M., F.R.C.S.(C)
Lieutenant Governor of Nova Scotia

May It Please Your Honour:

I beg to present herewith the annual report of the Victoria General Hospital for the year ended December 31, 1975.

Your Obedient Servant,

Allan E. Sullivan
Minister of Public Health

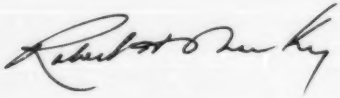
TO:

The Honourable Allan E. Sullivan
Minister of Public Health
Province of Nova Scotia

Sir:

On behalf of the Board of Commissioners, it is my pleasure to submit to you the 109th Annual Report of the Victoria General Hospital covering the period January 1 to December 31, 1975.

Respectfully submitted,



Robert MacKay
Chairman
Board of Commissioners
Victoria General Hospital

REPORT OF THE EXECUTIVE DIRECTOR

To:

Mr. Robert MacKay, Chairman
Board of Commissioners
Victoria General Hospital
Halifax, Nova Scotia

Dear Mr. MacKay:

I have the honour of submitting the 109th Annual Report of the Victoria General Hospital for the year ending December 31, 1975.

While 1975 was a very difficult year, for a variety of reasons, yet it was very successful from a patient care point of view.

The year was ushered in at the Victoria General Hospital with negotiations between the N.S.G.E.A. and the H.S.A. (Nursing) and H.S.B. (Technical) not finalized.

The HSB (Technical) negotiations were being actively pursued and little or no progress was being made, resulting in a "mass resignation" of technicians, which resulted in a withdrawal of services of over 200 technicians in various categories for a period of approximately seven weeks.

The work of the hospital was seriously disrupted although the patient census did not really decrease, but many patients requiring extensive investigative procedures, especially radiological and laboratory services, could not be looked after. Eventually, an agreement was reached with both the HSA and HSB groups and the hospital returned to normal operation.

The year 1975 saw the introduction of a Restraint of Expenditure Program by Government in an effort to reduce the high cost of health services and the participation of the Victoria General required a total involvement.

Commencing January 1, 1975 the former Pathology Institute became an integral part of the Victoria General Hospital with the two clinical departments of Pathology and Microbiology coming within the active medical staff organization.

A study by Peat, Marwick and Partners on a Program Review and Space Analysis was completed and plans for development of a Master Plan were being made. This study was necessitated because of the necessity to replace a number of old buildings, presently housing Outpatients and other facilities.

All Departments of the hospital, Medical, Nursing, Allied Health Services, as well as the administrative and support services, continued

to make contributions in their own way toward maintaining a high standard of quality care for our patients.

The work and support of the members of the N.S.G.E.A., the C.B.R.T & G.W. and the various Union-Management Committees is recognized.

To the Hospital Auxiliary and the many volunteers who gave of their time for the welfare of patients, a special "thank you."

The co-operation of the Minister of Health, the Nova Scotia Health Services and Insurance Commission, the Civil Service Commission, the Department of Public Works and the many other government agencies is greatly appreciated.

To the members of the Board of Commissioners for their continued guidance and support, and especially to you, Sir, during your first year as Chairman of the Board, a special vote of thanks — it was indeed a pleasure working with you and the other Commissioners.

Respectfully submitted,

Yours truly,

M. R. Macdonald, M. D.
Executive Director

STATISTICAL SUMMARY: 1975

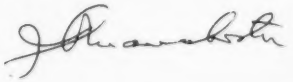
Bed Capacity	835
Total Admissions	17,701
Average daily occupancy	670 beds - 80%
Average days stay	13.8
Total patient days	244,697
Emergency Department visits	45,578
Outpatient Department visits	43,391
G.I. Function Lab Procedures	865
Endoscopy Service tests	881
Pathology — total tests performed	1,225,989
Microbiology Specimens	210,438
Diagnostic Radiology	112,118
Radiotherapy Treatments	22,431
Nuclear Medicine Tests	7,167
Pharmacy prescriptions filled	99,000
Electroencephalographs	2,297
Electrocardiograms	23,708
Echocardiograms	677
Anaesthetics administered	21,666
Dietary Department meals served	1,808,456
Audio Visual photos and slides and Transparencies	3,392
Central Supply Service-trays & supplies	1,225,007
Cardiac Catheterization Lab procedures	1,080
Respiratory Technology patients treated	7,511
Pulmonary Lab tests	680
Blood Gas Lab-tests	21,465
Dentistry procedures	17,200
Social Service: Units of Service to Patients	33,342
V.O.N.	
In-Patients	1,255
Out-Patients	525
Ambulance calls	4,235
Physiotherapy	54,530
Laundry Department — pounds processed	3,952 lbs.
Number of operations	21,570
Chronic Renal Dialysis	1,940
Acute Renal Dialysis	342
Home Dialysis	9
Occupational Therapy	6,511

1975 ANNUAL REPORT
MEDICAL STAFF

During 1975 the Medical Staff has enjoyed a very close working relationship with the Administration of the hospital and the Board of Commissioners. The practice of the President of the Medical Staff reviewing activities at the Board meetings is being continued and the discussions and decisions of the Board insofar as they relate to the Medical Staff are being communicated back to the Staff.

This has been a year of much soul searching to find the best methods of self-government of the Medical Staff as it deals with purely medical matters, and a more effective structuring of committees with particular reference to efficient and economic use of hospital facilities and quality control. This, in part, has been stimulated by the report of the Canadian Council on Hospital Accreditation and by the desire of the Medical Staff to strengthen its own organization.

It is expected there will be a very significant change in the by-laws in 1976 with emphasis on defined individual privileges and quality control in general.



J. S. Manchester, M.D.
President
Medical Staff

MEDICAL STAFF

DEPARTMENT OF MEDICINE

Clinical Services. The Department of Medicine showed a slight increase in clinical services provided for the year. Admission of patients through the Emergency Department increased 9%; however, overall admissions decreased by 11.7% and the number of patients seen in the ambulatory care clinic decreased by 8.12%. The approximate number of consultations given during year for clinic services was 2,700.

In June 1975, a policy for geographical location of firms was implemented. All firms were separated, each having their own house staff. This, together with smaller firm sizes in general medicine and cardiology resulted in the creation of seven new firms. The number of patients in each now varies from 6 to 15. First priority for firm beds is for patients with problems in the firm specialty. To ensure that off services cases are kept to an absolute minimum, transfers between firms are arranged only with the concurrence of the attending and receiving staff physicians.

Clinical Services continued although at a slightly reduced level during the seven weeks of withdrawal of technicians services. The volume of laboratory services provided during this time ranged between 0 and 20% of normal. Nurses, residents, internes and attending staff all participated in maintaining essential services. Dermatology Service was relocated to 4 South and a new Dermatology Unit with facilities for topical treatment was opened. A joint project with the Canadian Red Cross was initiated with the installment of a cell-separator for separation of leukocytes and platelets.

Laboratory and Special Services. In general, the volume of most services increased. Noteworthy trends were increasing outpatient gastro-intestinal endoscopy, cardiac catheterization, primarily for coronary angiograms and home dialysis.

Educational Program. The recruitment of additional teachers enabled third year programs to be reduced from eight students to four. The straight interneship program, elective rotations for family practice, and rotating interneship programs expanded.

The School of Respiratory Technology enrolled 15 students in 1975, seven in the senior year and eight in the junior year. Seven students graduated and all passed the registry examinations of the Canadian Society of Respiratory Technologists.

Resident programs were expanded in association with changes in clinical firms. Currently there are 36 to 40 Residents' positions in the Victoria General Hospital.

Staff Changes. Dr. Clarence Felderhof and Dr. Harold Murray resigned from the staff in June. Dr. Jennifer Klotz, Dr. David King, Dr. Lee Kirby, Dr. M. Scott, and Dr. Meng Tan were appointed to the staff.

Dr. J.F.L. Woodbury became Assistant Head of the Victoria General Hospital Department of Medicine.

Surveys. Th Interneship Program was reviewed by the Joint Committee on Pre-registration Training, comprised of representatives of the Canadian Medical Association, the Provincial Medical Board, Federation of Provincial Licencing Authorities and the Canadian Association of Internes and Residents. The departmental submission was well received and the program received full approval. The Canadian Council on Hospital Accreditation reviewed the Hospital and the Department of Medicine. They endorsed the proposal for a discharge planning program, requested guidelines for special units and drew attention to the numbers of incomplete Medical Records.

Research. Members of the medical staff continued activities in the areas of Cardiac and Skeletal Muscle Myopathies, Mitral Valve Prolapse, Myocardial Infarction, Cardiac Electrophysiology in Computer Interpretations of Electrocardiograms.

Projects. A Nursing Unit Project was initiated on 4A under the direction of Miss Norma Wilie. A number of studies are underway in relationship to this project, including how nursing time is spent.

The Management Project initiated in late 1974 was reviewed by the Board of Commissioners and approved as a continuing Management System.

A project to ensure all discharge reports were dictated at the time of discharge of patients was begun in December. In association with the university, Department of Medicine intrahospital integration of staff and programs was started in the areas of Intensive Care, Coronary Care, General and Specialty Medical Services. The Department has also initiated joint meetings with Head Nurses of the Department of Medicine. Two such meetings were held in 1975.

DEPARTMENT OF OTOLARYNGOLOGY

Dr. F.S. Wong was appointed as associate otolaryngologist on July 1, 1975. By midsummer a completely re-equipped audiology unit had been opened on 9B. This included a new audiometric suite, a new multi-channel audiometer and an impedance audiometer. This facility enables the Department to provide a much improved diagnostic service in both inpatient and outpatient work. The more sophisticated

equipment also has an effect on increased patient flow from the wards. Modifications on the ward provided a separate room for electrostagmography and a more suitable space for speech pathology.

The outpatient load has remained much the same as in previous years with 355 new patients visiting the clinics and 667 patients coming for follow-up treatment. In the Tumour Clinic, the numbers were 29 and 192 respectively. This brought the year's total to 384 new patients and 859 returning patients, for a total of 1,243 cases. 3,271 E.N.T. patients were attended to in the Emergency Department with 117 requiring admission. Total number of inpatients seen during the year was 461.

DEPARTMENT OF DIAGNOSTIC RADIOLOGY

The withdrawal of technicians' services for seven weeks during February and March created great difficulties for patients, the remaining staff, and the hospital as a whole. During the months of February and March only one-quarter of the usual number of examinations were performed and that, plus the closure of beds during the summer due to the shortage of nurses, reduced the total number of examinations performed during the year to 112,118 which is a 13 per cent decrease from 1974.

Three radiologists joined the staff during the year, Dr. J.R. Standen, Dr. G.P. LeBrun and Dr. G.R.M. Jones, bringing the total staff to 15.

In September, the technician training school graduated 12 students and eight of these successfully completed the national C.S.R.T. examinations in the fall. Two new pieces of equipment were installed. One replaced obsolete facilities for Urography which has the improved quality and efficiency of investigation of kidney diseases. The other is the CT-(EMI) Scanner for computerized tomography of the brain. This is one of only seven or eight units in Canada and special thanks must go to the Ladies Auxiliary of the Hospital for their contribution towards its acquisition. Equipment for a second cardiac catheterization room was puchased during the year and is expected to be installed early in 1976. New equipment for ultrasound has also been acquired and is expected to greatly enhance the resolution of images, increase diagnostic accuracy, and decrease cost.

DEPARTMENT OF RADIOTHERAPY

Dr. John Aldrich, the Principal physicist of the Department was responsible for the new Cesium applicators which replace radium as the mode of therapy for patients treated through the Department. A

number of other research projects are also under way in this department; however, the projects have not yet developed to the point where results can be published.

Dr. W.D. Rider reviewed the Radiotherapy facilities during the year and Dr. Ian Sutherland reviewed the Nuclear Medicine facilities. They made extensive reports and the Department benefited greatly from the criticism, comments and recommendations for updating the Department. It is unfortunate that, in light of the restraints on expenditure introduced late in the year, progress toward the direction of recommendations may not be possible during the coming year.

DEPARTMENT OF ORAL SURGERY

The total number of inpatients and outpatients treated by the Department was 6,971 compared with 6,593 in 1974. The total number of services rendered was 17,200, compared with 14,801 in 1974. This facility can no longer tolerate additional growth as both the service and teaching aspects of the department are presently overutilized. It is essential that patient load be controlled and maintained at its present level. Greater efforts will be made to reserve the facility for its intended referral service role.

DEPARTMENT OF NEUROSURGERY

Effective July 1, 1975, Dr. W.S. Huestis was appointed Head of the Department of Neurosurgery.

Procedures in the Department totalled 2,031, of which 766 were major operations as compared with 2,163 and 758 respectively in 1974. The average hospital stay per patient in 1975 was 16.4 days as compared to 12.7 in 1974. The main reason for this increase was the inability to discharge patients to suitable long-term extended care facilities in the City of Halifax and in the County.

DEPARTMENT OF SURGERY

In an attempt to improve the method of admitting patients, rotating committees in the Department of Surgery were set up to categorize all applications for admission to hospital.

One of the main problems is the increasing number of long-stay patients who do not require active treatment but, due to the unavailability of adequate convalescent facilities in the area, are remaining in hospital.

One difficulty in the efficient management of patients is the

waiting period of the patient's admission to hospital and the actual surgery. A multiplicity of factors is involved here and a considerable amount of time and thought has been devoted to defining methods of improving the efficiency of the operating room floors. As a result of these considerations, Dr. J.K. Purves has been appointed Operating Room Co-ordinator. It is expected that he and associate committees will be able to extensively examine the problem and implement the necessary changes in policy and procedure to correct the situation in 1976.

Dr. Wm. Stanish joined the Department as an active staff member in the division of Orthopaedic Surgery.

DEPARTMENT OF PSYCHIATRY

Dr. R.O. Jones retired as Head of the Department of Psychiatry of Dalhousie University and Victoria General Hospital. Dr. Jones was in large measure responsible for the building of Psychiatry as a specialty in the Halifax Metropolitan Area and took a major share in the growth of the University Department and Hospital Services. Dr. S. Hirsch was appointed as Head of the Department of Psychiatry. Dr. Judith Gold joined the staff as a geographic full-time member.

There were several important recommendations resulting from a program review and space analysis completed by Peat, Marwick & Partners during the year. The study recommended that selected psychiatric services be transferred to the Abbie J. Lane Hospital. This would involve a transfer of most of the outpatient service and the organization of a 72-hour observation unit at the Lane Hospital.

As in previous years, the Department is still experiencing staff shortages on all levels, as well as a shortage of office space for geographical full-time staff.

The consultation service under Dr. Patrick Flynn continued to be very active and it is hoped that liaison between psychiatry and the other clinical hospital departments will increase. The Emergency Department continues to be the only hospital emergency service available in the metropolitan area for psychiatric cases. The hospital is experiencing an acute shortage of psychiatric residents and, if the trend continues as it is expected to in 1976, it will be necessary to make major changes in the method of handling psychiatric emergencies in this area. All psychiatrists practising in the area may have to share duties in the Emergency Department.

Dr. Flynn carried out a study of hypnotic action of Triazom Dalmane, 30 mg. in the inpatient department and found no clinical difference. A study in the outpatient service is in progress on the

efficiency of the long-acting oral medication Penfluidal for the management of chronic schizophrenic patients.

A study of successful suicides and very dangerous attempts continued under Dr. S. Hirsch with interesting results. Dr. Hirsch also continued his study of the coping mechanisms of cancer patients. Dr. J. Gold began a survey of adolescent patients in the hospital emergency unit, outpatient and in-patient services. In addition, several medical students, supervised by senior staff members, are conducting surveys in the hospital as part of an elective course in Psychiatry.

DEPARTMENT OF ANAESTHESIA

The Department made great progress in redesigning its teaching program during the year. Highlights are Respiratory block — Dr. I.E. Purkis reorganized the multi-disciplinary teaching for medical students during the first three years of their program. The number of students taking an elective block with the Department of Anaesthesia has suddenly increased over the past three years and now numbers 20. It was also encouraging to see that 12 interns had elective one-month rotations through the department.

A Didactic and demonstration course for anaesthesia technicians was directed by Dr. Otto Horrelt and Mr. Breen. This had the aim of increasing the understanding of their work and hopefully leading to better job satisfaction. Refresher courses for practicing anesthetists were held during April and November with good attendance. The most gratifying of the educational highlights was that seven candidates will start the residency program in July of 1976, five of whom are Canadian or British graduates. This has filled the total allotment of 16 posts in the Department and, with the documented shortage of certified anaesthetists in the Maritimes and Canada, we are looking forward to a further increase in the number of trainees.

Members of the Department participated on a number of committees and national organizations. On the international level, Dr. Emerson Moffitt was made Vice-Chairman of the Board of Trustees of the International Anaesthesia Research Society, an organization of 9,000 members.

A total of 21,666 anaesthetics were performed during the year, an increase of about 750 cases. The largest percentage increase was in nerve blocks for pain assessment and treatment. In 1975 the proportion of patients treated as outpatients continued to increase to 40 or 50 per cent of each day's total. With the shortage of surgical beds and a long waiting list for admission, this trend is expected to continue and all concerned must organize to deal with it efficiently.

The technicians' strike in the winter and a nursing shortage in the fall acutely decreased the volume of work for extended periods. In addition, multiple factors in the operating suite contributed to a less than optimum use of anesthetists' time throughout the year and particularly towards the end of the year. Some of the major problems were a shortage of operating room nurses; lack of correlation in booking operating room time with hospital admission; poor organization of outpatient bookings; time lost between operations and poor planning of the operating room schedule.

Two brighter spots in the year were, first, Dr. Patel joined Dr. Purkis in the pain clinic after six months of special training at the University of Washington, and secondly, the institution of a system by which one staff member is quickly available each day for emergencies and consultations on non-operating room floors.

DEPARTMENT OF GYNAECOLOGY

There was a change in the type of radioactive substance used during the year. Cesium is now being used in place of Radium and has been found to be adequate therapy for the patient and is much safer for personnel. A new method of after-loading of the Cesium has been established so that patients with Cesium applicators in place can now go back to the Recovery Room and their beds before the active substance is inserted.

The division of gynecological oncology made excellent strides during the year and has been fairly well accepted as a referral centre for gynecological malignancy. A Trophoblastic Referral Centre has been established and a new Colposcopic Clinic has been set up under the guidance of Dr. Robert Fraser and Dr. Greg Tompkins. Most of the radical surgery performed on gynecological patients from Nova Scotia is now centred in the Halifax Unit.

With the help of the Canadian Cancer Society, the position of physician's assistant with a section of the gynecological-oncology unit was established. Under her guidance, we have just completed a 10-year study of carcinoma of the uterus. A suggestive form was prepared to be completed in future for carcinoma of the endomitrium patients. These results can be computerized and very quickly made available to the staffmen who require the results. We think this would act as a precedent to computerize findings on all malignancies and help determine where we would stand in the final results of our efforts to treat these patients.

The Endocrine and Infertility Clinic functions at the Grace Maternity Hospital. However, it is still part of the gynecological department. This Clinic has grown immensely and has provided a much needed specialty in the Atlantic Region.

The Department has accepted the responsibility for procedures associated with therapeutic abortion. It is the only hospital in the Halifax area doing this procedure on recommendation from the Abortion Committee of the Hospital. Approximately 900 procedures were carried out during the past year with few complications and no mortalities. Many operating room procedures previously done only as in-patients are now performed on an outpatient basis resulting in a more efficient use of hospital beds.

EMERGENCY DEPARTMENT

A total of 45,578 patients were treated in the Emergency Department during the year. The figures are virtually unchanged from 1974 and indicate that the workload in the Department has stabilized. Although a specific study has not been made, the stabilization in the number of cases is in large part attributed to the screening procedures followed by the Emergency Room physicians who were hired on a full-time basis during 1974.

A major change in the Department was the relocation of the reception desk, as well as revision of a number of procedures involved with receiving patients.

These include approved procedures for verification of discharge time, chart completion, appropriate signatures and making outpatient appointments directly for emergency patients.

The Emergency Room Physician now receives all incoming calls concerning emergency referrals from outside doctors. This has greatly reduced the number of cases which do not actually require emergency care. With the Emergency Room Physician receiving these calls, he can often identify the problem and make suggestions the general practitioner can take to assist the patient and, where indicated, refer the patient to the appropriate clinics.

Two ambulance driver-attendants courses were conducted during the year and nine of the 17 applicants were successful in completing the course.

DEPARTMENT OF PREVENTIVE MEDICINE

The workload of the Department increased during 1975 as a direct result of the Pathology Institute being integrated as a Department of the Victoria General Hospital.

During the year, 346 cases of communicable disease were reported to medical offices of health and family physicians. Eighteen cases of tuberculosis were also diagnosed at the Victoria General

Hospital during the year and the Department screened 32,560 chest X-Rays for infectious pulmonary tuberculosis. All patients under the age of 40 who came into the Hospital received the Mantoux tuberculin test. Some 6,935 immunization procedures were given during the year, which is an increase of 46 per cent over 1974. At present the B.C.G. vaccination is almost entirely confined to students, although an attempt is being made to offer B.C.G. to other staff members. Where indicated, an Ilsoniazid prophylacsis is offered for newly-discovered tuberculin reactors and tuberculin converters. This anti-tuberculous drug is offered free of charge through the Nova Scotia Government Department of Public Health.

OPHTHALMOLOGY

Dr. D.M. MacRae retired as Head of the Department after 14 years of service in this position. Dr. C.F. Keays has taken on the position of Acting Head of the Department until a permanent replacement is found. Dr. J.H. Molloy also retired during the year.

During 1975, the Department hosted Dr. Rosen, who lectured extensively on fluoroscopy and angiography, and Dr. I. Wallow, from Wisconsin, who spoke on retinal photocoagulation.

The Department continued its regular clinics and also offered a number of special clinics and services including tenography, special visual fields for glaucoma patients and fluorescent angiography for retinal cases.

A total of 2,671 patients were treated in the regular and special clinics and 228 in-patients were treated.

LABORATORIES

PATHOLOGY

The Department of Pathology, Victoria General Hospital, comprises three major service divisions: Anatomical Pathology, Clinical Chemistry, and Hematology, plus Cytopathology and Administration sections. Together with the Department of Microbiology, with which it shares the premises of the Division of Laboratory Services building, the Department functions as a central provincial laboratory facility as well as a major hospital laboratory, and it is responsible for the following programs.

(1) Comprehensive medical laboratory services to the Victoria General Hospital

(2) Blood bank — cross match services to all Halifax hospitals except the Halifax Infirmary.

(3) Blood (etc.) specimen collection and testing service for ambulant patients referred by physicians throughout the province.

(4) Specialized laboratory services (notably cytopathology and hormone chemistry) to all hospitals and physicians throughout the province.

(5) Consultative and reference services to regional hospitals and laboratory directors throughout the province, including supervision and standardization of quality control programs sponsored by the Health Services and Insurance Commission.

(6) Laboratory services to programs of other government departments including the Department of Public Health, the Department of the Environment and the Attorney General's Department.

(7) Resident training in laboratory medicine to physicians proceeding to specialize in these or other medical disciplines.

(8) Specialized training in medical laboratory technology at both the undergraduate (pre - R.T.) and the graduate (A.R.T. and L.C.S.L.T.) levels.

Two events markedly influenced the operations of the Department of Pathology in the year 1975. The major event, which occurred at the beginning of the year, was the integration of the Pathology Institute with the Victoria General Hospital. This realignment imposed two immediate tasks on the Department: (1) to learn, adjust to, and work with a completely different administrative support/control organization and (2) to inform and even convince the Hospital of its own diverse responsibilities and programs, especially of those wider or more unusual commitments that transcended the customary role of a hospital laboratory department. It is no criticism of either party to observe that the readjustment process inevitably consumed some time and energy at the expense of production.

The second, but more traumatic event, was the HSB contract dispute that occurred during the first months of the year. Again, it can be observed objectively, and without implied criticism of either party, that there was an immediate and direct counterproductive effect.

Despite these temporary handicaps the Department was able to respond to an overall increase in workload, to effect various improvements of service and technique, and to institute a few new procedures in response to demonstrated needs. (See Laboratory Services Analysis).

MICROBIOLOGY

This year the Department, for the first time since 1971-72, recorded a decrease in the number of specimens submitted for laboratory examination. Unlike the situation in that year, the reduction was not confined to one or two sections, but was an overall decrease. The reasons were possibly due to an action over contract negotiations with the government and the two-month mail strike.

Despite this unrest, the laboratory introduced new and needed revisions to its laboratory services and participated in several important epidemiologic programs. These are detailed under each division.

CLINICAL BACTERIOLOGY

The Section of Clinical Bacteriology processed 74,082 specimens in 1975, a decrease of 14 per cent from 1974. Specimens from the Victoria General Hospital accounted for 71.7 per cent of the total workload, compared with 71.3 per cent in 1974. The decrease in specimens began in February-March, when personnel problems were experienced. With the exception of a peak increase in June-July, it was maintained throughout the year. The decrease was an overall trend affecting all types of specimens and tests, and may reflect a greater degree of discrimination on the part of submitting physicians.

The most important new development this year was the establishment of an Anaerobic Bacteriology Laboratory. More advanced technological methods to ensure anaerobiasis during the total processing of specimens and the use of gas chromatography in speciation of organisms has been introduced . Thus greater reliability in both isolation and identification can now be ensured.

All laboratory techniques are constantly updated. In Mycology some new methodology was introduced, as a result of the senior mycology technologist attending a three week course in the McGill University Laboratory.

Miscellaneous surveys on a variety of hospital areas, in particular operating rooms and special units, have been performed at frequent intervals as requested.

Water, autoclaves, other sterilizers, and many types of equipment have been regularly monitored by sterility tests.

Quality control surveys for all provincial hospital bacteriology laboratories were conducted once again. These comprise antibiotic susceptibility testing and identification of organisms.

The laboratory continues to undertake the processing of medico-legal specimens from sexual cases in the community. There were 28 of these in 1975, compared with 44 in 1974.

A bacteriology course for students of Respiratory Technology was conducted in September-October.

PUBLIC HEALTH BACTERIOLOGY

Public Health Bacteriology consists of the following sections: (a) Serology, (b) Electron Microscopy, (c) Tuberculosis Diagnosis, (d) Enteric Bacteriology, (e) V.D. Bacteriology, (f) Cerebrospinal Fluids, (g) Parasitology, (h) Phage, (i) Sanitary Bacteriology.

A new test for Syphilis and a new test for Toxoplasmosis were introduced on an experimental basis and are now being offered as routine serological tests. The Widal test was transferred from the Section of Enteric Bacteriology to the Section of Serology.

It was noted that the number of new positive tests for *M. tuberculosis* decreased from 103 in 1974 to 65 in 1975. This drop may not, however, reflect a general decrease in tuberculosis within the Province of Nova Scotia, but rather a result of the drop in processing, following the strike. One case of cerebrospinal fluid was positive for *Mycobacterium tuberculosis.*

During the year a number of surveys were carried out in the Section of Sanitary Bacteriology. These included, (a) hamburger meat, (b) milkshakes, ice creams, and (c) swimming pools.

Three important isolations were made: *Yersinia enterocolitica* from stool culture, *Cryptococcus neoformans* from the cerebrospinal fluid of a patient suffering from Lymphosarcoma and *Schistosoma mansoni* from a stool for parasitology. This was the first identification of *Schistosoma mansoni* to have been made in this laboratory.

The Section of Electron Microscopy has shown a marked increase in the number of specimens received for processing and examination. New methodology was introduced, including Immunoelectron Microscopy.

VIROLOGY

The volume of work carried out in the Virology section in 1975 increased by 23.6 per cent over 1974. The bulk of the work performed was on specimens from Nova Scotia (77 per cent); the remaining 23 per cent was from the other Atlantic Provinces.

New tests were introduced including the radioimmunoassay technique for hepatitis B antibody and reversed passive hemagglutination for hepatitis B antigen. A microtitre neutralization test for polio antibody replaced the former complement fixation test for routine use, and an hemagglutination inhibition test (microtitre) for measles antibody was initiated. Identification tests to distinguish between Herpes simplex type 1 and type 2 were incorporated into the routine.

The laboratory continued its study of babies infected *in utero* with rubella virus during a recent epidemic; among the interesting findings was the isolation of virus from cataracts of three of the infants at 7, 7½, and 9 months of age.

Epstein Barr virus (EBV) antibody assays were conducted on specimens submitted which included a special survey of leukemia cases.

Other work included a completed polio antibody survey on 1,000 outpatients from the I.W.K., and a partially-completed measles antibody survey on the same area for the Department of Public Health.

Differentiation of Herpes simplex strains showed that the two cases of herpes encephalitis studies were associated with type 1 herpes simplex.

NURSING SERVICE AND EDUCATION

NURSING SERVICE

Nursing Service. During 1975, the Department decentralized its nursing administration and created seven positions of Assistant Director of Nursing, each having a number of Head Nurses and Supervisors reporting to them. This has proven to be more effective in both co-ordination and facilitating communications within the Department.

Medical Units. In January 1975, the Medical Intensive Care Unit was opened adjacent to the Surgical Intensive Care Unit. This facility enables the nurses to give intensive care to four or five patients and is usually 100 per cent occupied.

In October, the nursing unit assignment project began a six-month trial period on 4A. This 39 bed unit was divided into five sub-units, each with its own nursing team.

Surgery. A 12-hour nursing shift was put into effect on 7 Victoria and there was discussion related to the use of cyclical staffing patterns with a trial period beginning early in 1976.

The concept of progressive patient care in urology was reviewed during the year and, as a result, the service was divided into two units.

Critical Care Units. The renal dialysis home training program began in January. The pediatric dialysis caseload also increased and arrangements were made for two of the nursing personnel to visit a pediatric dialysis centre in Minneapolis.

The post-recovery lounge was opened as a pilot project during the year. This recovery facility provided extended time of observation for outpatients who had surgical procedures performed under general anaesthetic. It has helped alleviate some of the overcrowding in the main recovery room.

Demonstration Patient Care Unit. The major thrust of the past year has been on staff development. The program was organized under the leadership of Rev. Ed Fiander, Co-ordinator of the Chaplaincy Department, and the Project Director as Co-ordinator, to help staff deal with terminally ill patients and their families. This was repeated a number of times and response has been favorable.

In October 1975, the project was extended to 4A, a 39-bed medical unit. The same concept of methodology will be used as in the initial program.

Continuing Education. An eight-week provincial post-graduate program on Critical Care Nursing was approved in September 1975. Instructors were recruited, and planning was initiated in November by three instructors working exclusively with the program. The first classes are scheduled to begin in early 1976 for 10 students.

Approximately 500 registered and graduate nurses, 80 certified nursing assistants, nursing attendants and 50 students for summer employment were orientated during the year. Two orientation programs were also organized for hospital ward clerks.

Numerous programs were initiated during the year. They included a team leadership building program, labour relations classes in the evening led by Professor John Misick of the School of Business Administration, Dalhousie University and numerous other workshops.

The Continuing Education Division was completely decentralized in terms of location and program.

In 1975 the Department still suffered numerous staff shortages, particularly during the summer months and the Department was unable to provide nursing service for the full patient load. During the months of July, August and early September, up to 92 beds were closed for varying lengths of time depending on staff availability.

Our new agreement with the Nova Scotia Government Employees Association presented further difficulties in meeting the terms of the agreement. These terms do not always reflect the desires of the total group of nurses and make it exceedingly difficult for members of the Association who also occupy managerial roles in the Hospital; for example, the Head Nurse positions.

The Hospital tried to recruit some of the large numbers of unemployed nurses in the Province of Ontario and met with marginal success. Nurses from Britain have requested an extension to their association with the hospital; however, they have experienced some difficulties with the Department of Manpower and Immigration.

SCHOOL OF NURSING

Mrs. M. J. Magee, R.N., B.Sc.N. was appointed Director of the School of Nursing. Mrs. K. Elizabeth Richardson, R.N., B.Sc.N. was appointed Assistant Director of the School.

During 1975 there were no major curriculum changes. This allowed for further development of the concept of integration and improving methods for teaching. The faculty was quite stable during

the year and much work was accomplished in the area of faculty development.

Eighty students graduated in September, 1975 and the mean averages for the School and the various specialties compared very favourably with the rest of the province.

Ten faculty members were sponsored for continuing education programs and attended numerous workshops. An expanded orientation program was developed for new staff members and programs were held one afternoon per week from September through November.

Highlights of the curriculum were that all content previously taught in the specialty areas, such as nursing the mother and infant, nursing the child and nursing the emotionally ill, are now fully integrated in the course curriculum. The position of Resource Instructor was established as a new faculty assignment for the year. The main responsibilities were to assist new faculty members with familiarization in nursing education and help other staff members with such problems as test construction, student evaluations, clinical teaching methods, clinical conferences with students, organization, preparation and integration of the presentation of lectures and conferences, as well as class room teaching.

SUPPORT STAFF

VOLUNTEER SERVICES

The greatest proportion of time spent by volunteers is in diversional activity for patients and the Department has enjoyed a particularly good rapport with the Occupational Therapy Service.

The Department also visits many patients, particularly those from out of town and those without friends or relatives. Many services are performed for these patients. They include shopping, and escorting the patients when necessary. The volunteers also collect and distribute books and magazines throughout the hospital and clinic areas.

V.O.N. LIAISON PROGRAM

Mrs. Linda Pollen was appointed as V.O.N. Liaison Officer in July, 1975. The V.O.N. presently plays an active role to aid in discharge planning of patients and attends weekly medical rounds in the Department of Medicine.

The Department also attempted to improve liaison with the various hospital services and initiated regular meetings with the Social Service and Chaplaincy Departments. The Head of the Department became active in the Family Health Services Committee of the Red Cross.

A total of 1,255 patients were seen and referred to the various Halifax agencies and 525 patients were followed up from the various clinics. The Liaison Officer also attended numerous conferences and conducted a number of educational sessions.

MATERIEL SUPPORT SERVICES

Inventory Control

With the integration of the Pathology Institute, the task of computerizing laboratory supplies was undertaken and successfully concluded. All laboratory supplies are now under the direct control of the Co-ordinator of Materiel Support Services.

Purchase requisitions processed were 8,284; local purchase orders processed, 4,128; petty cash orders, 1,099; contracts, 168.

Warehousing and Distribution. The Pathology Institute Stores were integrated and added a total of 9,500 sq. ft. to our Stores Function, bringing the total space up to 36,500 sq. ft.

The Department processed 40,963 requisitions with an average of four stock line items per requisition. The total number of shipments received was 17,110, with 216,309 pieces of freight being received through the receiving areas.

The duplicating service workload has increased tremendously with a total of 7,139,153 impressions being made throughout the year.

Porter Escort Service. During the year there was a major reorganization of the Department with an emphasis on better control and training of staff, which has greatly improved patient service. The amalgamation with the Pathology Institute has enabled us to improve our specimen delivery service. A total of 1,418,830 phone calls were taken by the Department during the year.

Laundry. The Laundry Department processed 3,152,107 lbs. of laundry during the year, an increase of 65,905 lbs.

ADMISSION & DISCHARGE DEPARTMENT

Mr. J. Furness was appointed as Supervisor of the Admitting and Discharge Department in 1975.

The role of the Department was clearly defined and three divisions were created: the Elective Booking Office handling all requests for which advanced admission dates are given; the Bed Allocation Office whose responsibility is the disposition of all categories of patients admitted to the Hospital; the Patient Admission Section which conducts interviews and obtains the information necessary to complete the Admission Process.

The physical facilities still remain inadequate for the 17,700 patients who were admitted, as well as the 7,582 outpatient surgery cases who were interviewed through the Department.

OUTPATIENT DEPARTMENT — 1975

During the year, 43,391 visits were made to the Victoria General Out-patient Department by 18,036 patients. This represents an increase of 3,832 visits and 3,223 patients over the previous year. The increased numbers of patient visits were principally in Nutrition, Diabetes Day Care and Anaesthesia Pain Clinics.

The General Medical Clinic continues to be phased out and only 695 visits were recorded this year in contrast to 1,537 in 1974. Surgery

Clinic sessions are also decreasing in volume with approximately 28 per cent fewer visits this year.

Two new weekly clinics in Respirology and Special Protocol were begun in the fall of 1975 and one in Musculoskeletal Medicine was planned for January 1976.

The Orthopaedic Service continues to operate the largest and busiest clinics. Tentative plans are being made for an extra session which is expected to help ease the present space and waiting problems.

MEDICAL RECORDS DEPARTMENT

The withdrawal of technicans' services early in the year caused a considerable backlog of case abstracting in the Department; however, fortunately because of the early return by the Medical Records Technicians and their additonal effort, the disruptions were minimized.

The Hospital Medical Records Institute, the Data Processing System used by the Victoria General Hospital, revised its input documentation effective January 1, 1975. For the balance of the year numerous technical problems were encountered in running the program developed for the new abstracts. As a result, little information of a statistical nature was received by the Hospital during the year. This made it very difficult for medical staff and Administration to adequately review the work carried on in the hospital. In order to avoid problems of this nature for the coming year, preparations were made to enroll with Professional Activities Study effective January 1, 1976.

The Peat, Marwick report on Program and Space Analysis outlined the inadequacies of the Department in terms of space, location and general environment. These were again reiterated by the Canadian Council on Hospital Accreditation Survey conducted in September. As a result of both surveys, major plans for the revision of filing methods and general renovation of the Department were made and, hopefully, will be implemented in 1976.

During the year, two empbyees of the Department enrolled in an Extension Course for the training of Health Record Technicians sponsored by the Canadian Hospital Association. The Chief Medical Records Librarian completed the correspondence course in Hospital Departmental Management, also offered by the Canadian Hospital Association, and the Hospital sponsored a student in the Medical Records Librarian Program at the Halifax Infirmary. She is expected to graduate in June 1977.

HEALTH SCIENCES LIBRARY

Book acquisitions in 1975 increased over previous years as a result of the hospital integration of the Pathology Institute, with 1,121 new books being purchased. The ratio of books purchased for departmental libraries is still rather high and a comprehensive book selection policy is being developed by the Library Committee to ensure that more acquisitions are housed in the library.

During the year, all books were reclassified and recatalogued using specific National Library of Medicine subject headings. This gives patrons a better description of books housed in the library.

The Library Committee was expanded and now includes representation from all the paramedical and medical user departments.

The book collection for the School of Nursing was updated and many new titles were selected by the Library Committee.

VICTORIA GENERAL HOSPITAL AUXILIARY

The Auxiliary has a membership of over 100, and affiliated groups account for approximately 400 other members. During the year many thousands of hours were spent in hospital volunteer work and preparation for fund-raising programs and a handcraft sale. Gifts were presented to an outstanding graduate nurse and dietetic interne during their graduation exercises.

Tray favors were provided for special holidays, and magazines and books were distributed to patients on many floors of the hospital.

The funds raised through the various Auxiliary projects are pledged to the hospital with a large donation having been made toward the purchase of the EMI Scanner for computerized tomography of the brain, which was installed in the Radiology Department.

MAINTENANCE DEPARTMENT

As a result of the integration of the Pathology Institute with the Victoria General Hospital, the demands placed on the Maintenance Department were increased by approximately 35 per cent. A preventive maintenance program was developed and covers three main areas: 1) Identification and Documentation, 2) Preventive Maintenance Routine Determination, and Recording, and 3) Scheduling. It is expected that the entire preventive maintenance program will take 80 weeks and will be repeated on that basis.

A new 100,000 lb. steam power boiler was installed, which increases the capacity of steam production by 47 per cent. This boiler will enable the hospital to supply steam to the Rehabilitation Centre when it is opened in 1977.

PHARMACY

During the year, approximately 100,000 prescriptions for inpatients were filled through the Hospital Pharmacy and 12,000 units of various types of nutritional fluid were produced under the hyperalimentation program.

The Pharmacy Department participated in a decentralized nursing project during the year and developed a quota supply system of commonly-used prescriptions on the unit. The system proved workable and satisfactory, and has expanded to a number of other nursing units in the hospital.

The Pharmacy also continued to participate in investigational programs for new drugs and therapeutic agents. Extensive work was done on the new antibiotic, Doxorubicin Hydrochloride (Adriamycin). It has been used successfully to produce regression in some neoplastic conditions. In addition, some investigational work has been done with new anti-infectives and anti-inflammatory agents.

SOCIAL SERVICE DEPARTMENT

The year 1975 marked the consolidation of the first stage in the reorganization of service to patients in the Department of Medicine. A team of four professional and technical staff members was integrated on a decentralized basis in the Department. The team has provided a broadening of direct service to patients, an increase in the number of patients serviced, consultation to other health care team members, and the continuation of patient and family education sessions with patients on the rheumatology service.

The second phase of reorganization began in mid-summer with five professional and technical persons functioning as a social service team in the Department of Surgery. Although this group is handicapped because of insufficient space to totally integrate the staff, the capabilities of delivering service were greatly increased.

Of particular interest is the more intense work with patients receiving hemodialysis and kidney transplants with specific focus on the patients' adjustment to the new lifestyle.

A total of 33,342 patients were treated during the year, an increase of approximately 50 patients per month.

BIO-MEDICAL ENGINEERING

The Bio-Medical Engineering Department was relocated to allow sufficient room for the installation of the E.M.I. Scanner. However, the move was of benefit to the Department as it allowed centralization of services.

Late in the year, the Department began a complete routine maintenance program on all elector-medical instruments. The program will cover all routine maintenance, cleaning, calibration and testing of performance and safety aspects of the unit. The schedule has been spread over a six-month period and it is expected that four units will be checked per day.

The Department suffered a major disruption, which centred around the technical staff walkout, early in the year. The dispute itself lasted approximately eight weeks, leaving the Department staffed by the Director, a part-time mechanical technologist and secretary. The staff were able to maintain hospital equipment in an operational state; however, the duration of the dispute and the lengthy recovery period considerably reduced the overall yearly output of the Department.

Two major projects were undertaken during the year, the first of which consisted of building a unit to test electrical safety of medical equipment in compliance with CSA Standards. Secondly, the Department interphased a Precision Instruments FM Taperecorder to an existing electromyograph.

ACCOUNTING AND STAFF SERVICES

Major position reviews were conducted by the Civil Service Commission during the past year in the Maintenance Department, Dietary Department, Accounting, Personnel Department, and Stores Department involving approximately 85 positions.

Eighteen persons were sponsored for educational programs such as Bachelor of Nursing Program, Occupational Therapy, Physiotherapy, Social Work, Medical Records Librarian, Operating Room Technician, Certified Nursing Assistant Program, and post-basic Psychiatric Nursing.

Sixty others were sent on various short courses. As a result of the integration with the Pathology Institute, three additional staff members were added to the payroll and personnel division. A new telephone system was also installed and this addition has greatly improved communication with the Personnel and Payroll clerks in charge of the various hospital divisions.

STERILE SUPPLY SERVICE

A Medical/Surgical quota system was initiated to complement the existing system of reprocessing treatment trays and equipment. All indications are that it is working satisfactorily and has been well received by the nursing staff.

The on-the-job training program has been improved; however, with the turnover of staff, the program has proven to be quite demanding on the time of supervisory personnel and the department is recommending the introduction of a formal central supply room technician's course.

AUDIO VISUAL DEPARTMENT

During the year, the Department prepared 3,392 photos and transparencies. Demand for clinical photography showed a slight increase with the main workload being generated through paramedical department teaching aid requirements.

It was also notable that the demand for overhead transparencies is increasing.

DIETARY DEPARTMENT

During the year, the Department re-evaluated its philosophy and objectives. The main objectives were determined to be the provision of quality foods suited to the nutritional and therapeutic requirements of the individual, prepared and served in an attractive and sanitary manner by courteous staff. The Department believes that the food service worker has an important role to play in the health care system; and that it is its responsibility to plan future growth, changes, and develop good interdepartmental relations as a priority.

Total meals served during the year were 1,808,456. The food services of the Pathology Institute were integrated with the hospital in April. During the summer, the main Cafeteria in the Laboratory Division was renovated and redecorated, and reopened in September with a seating capacity of 116.

As a result of a questionnaire, the food service in the main dining room was improved between 2300 hours and 0100 hours and the Department is now serving 150 people each evening. Eighty seats were also added to the Scotia Room, bringing the total capacity to 460, while the average number of customers served in the noon hour grew to 1,400.

Mrs. Shirley MacIntosh assumed the position of Senior Therapeutic Dietitian and Rita Mulrooney, as well as being the co-ordinator of Nutrition Education, is now the Assistant Director of Dietetics — Clinical and Education.

A pilot project began in which the Department offered full-time services of a dietitian to renal inpatients, outpatients, those on home care dialysis, and those being transplanted. Some dietitians have also been following their inpatients if they are referred to the various outpatient clinics. They feel this leads to greater consistency in patient teaching and more satisfaction for both the patient and the counsellor.

As in the past, the Department participated in education to internes, residents, medical students and nursing students, with extensive use being made of the Diabetic Day Care and Nutrition Clinic Areas. All dietitians participated in various continuing education programs and many gave talks, wrote articles and attended various local and provincial meetings.

Ten student dietitians graduated from the internship program during the year. We congratulate them and wish them well in the future.

CHAPLAINCY SERVICES DEPARTMENT

Since the fall of 1973, Chaplaincy Services has existed as an established Department in the Victoria General Hospital, with responsibility to the Board of Commissioners through the Medical Director. The seven members of this Department serve the Victoria General Hospital wholly, or as part of their responsibilities as full-time hospital chaplains. They are appointed and financed by their various denominations.

In addition to the full-time chaplains, there are several associate chaplains, persons officially designated by their denominations as hospital visitors.

A major concern of the Department is the total well-being of persons committed to the care of the hospital. This is in keeping with the emerging concept of the modern hospital as an institution or community in which "total" care is provided. We see ourselves functioning best when chaplains are an integral part of the total life of the institution. Every opportunity is sought to work with others and foster co-operation between healers in contributing to the health and wholeness of every person in the hospital community.

The members of the Department regularly carry out our major objectives of providing counselling and/or religious guidance to

patients and their families, hospital staff and students in allied healing professions. In addition, they co-ordinate and conduct hospital religious services, administer sacraments and provide liaison with churches and religious leaders in the larger community. They are also prepared to provide consultation and guidance to administration, to medical practitioners and hospital personnel when such services are appropriate.

They meet on a weekly basis and, while some of these meetings are devoted to routine business and housekeeping, others are to determine direction and priorities, and some to inviting persons from other hospital departments. Discussion centres around how we may best help each other. One major focus in 1976 will be towards the involvement of the community in the care of the person through the pastors of the community. Clergy will be invited to meet with the Chaplaincy Department and to meet with other persons of the health-care team.

The Chaplaincy Department at the V.G. appreciates the very helpful and supportive relationships with the hospital administrative personnel and members of the various departments of the healing team. The chapel facilities and clergy visiting room are also appreciated. But it must also be recognized that providing pastoral care is a complex and demanding task, one requiring adequate office facilities and secretarial assistance.

Continued growth is also required in levels of trust between various members of the health care team. The chaplains are prepared to participate in any way which will help such growth occur.

BOARD OF COMMISSIONERS

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Dr. C.B. Stewart
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Dr. Sol Hirsch

ADMINISTRATIVE STAFF

M.R. Macdonald, M.D., C.M., D.P.H., F.R.C.P.(C), Executive Director
A.W. Taylor, M.D., D.H.A., Medical Director
D.M. McNaughton, C.D., B.A., M.H.A., Administrative Director
J.J. Hendriks, Assistant Medical Director (Non-Medical)
C.F. Matheson, Director Special Projects
H.J. Churchill, Director Accounting & Staff Services
Miss F.B. Gass, B.Sc.N., R.N., Director of Nursing Service
Mrs. Ruth Dennison, B.N., R.N., Associate Director of Nursing Service
Mrs. J. Magee, B.Sc.N., R.N., Director, School of Nursing
R.E. Buckley, B.Sc., Personnel Officer
Miss J.A. Stewart, B.Sc., P.Dt., Director, Dietetics
Miss M.T. Gillis, B.Sc., R.N., Administrative Assistant, Dept. of Medicine
Mrs. G.I. Grant, B.Sc.N., R.N., Supervisor, Out-Patient Dept.
R.A. Arthur, B.E.E., Maintenance Manager & Chief Engineer
W.C. Houlihan, Co-ordinator Materiel Support Services
Miss K. Kinley, Ph.C., Chief Pharmacist
Miss P. MacDonald, B.A., Dip.S.W., M.Sc. (Soc.Adm.), A.C.S.W., R.S.W., Director, Social Service
Mrs. D. Bruneau, B.N., R.N., Supervisor, Emergency Department
D. Carruthers, R.N., Operating Room Supervisor
Mrs. C. MacIsaac, R.R.L., Chief Medical Records Librarian
Mr. J. Furness, Supervisor, Admitting & Discharge Dept.
Mr. F. Oram, B.Sc., M.L.S., Chief Health Sciences Librarian
D.T. Janigan, M.D., Head, Dept. of Pathology
J.H. Cooper, M.B., Ch.B., F.R.C., (Path), F.R.C.P.(C), Deputy Head, Pathology
M.A. MacAulay, M.D., F.R.C.P.(C), Director, Clinical Chemistry
T. Hindmarsh, M.D., F.R.C.P.(C), Acting Director, Clin. Chemistry
H.C. Read, M.D., D.M., F.A.C.P., F.R.C.P.(C), Director, Haematology
G.H. Anderson, M.B., B.S., Assoc. Director, Cytology
K.R. Rozee, M.Sc., Ph.D., Dip.Bact., Head, Microbiology
G. Digout, B.Sc., Dip.Bact., Div. Chief Technologist, Microbiology
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R.S. Martin, B.Sc., Ph.D., Dip.Bact., Director, Public Health Bacteriology
J.S. Gibson, L.C.S.L.T., F.I.M.L.T., Div. Chief Technologist, Anat. Path.
T. Boutilier, A.R.T., Clinical Chemistry
P. Allsop, B.A., A.R.T., Div. Chief Technologist, Haematology

ANALYSIS OF HOSPITAL SERVICES FOR 1975

Services	Male	Female	Total	Died Under 48 Hours	Died Over 48 Hours	Total Deaths	Death Rate	No. of Autopsies	Autopsy Rate	Patients Receiving Consult	Consult Rate	Total Days	Avg Days Stay
Medicine	2,450	2,272	4,722	89	308	397	8.4	135	34.0	1,642	34.8	74,804	15.8
Surgery (Surg. A-D + Cardiovas. Surg.)	2,420	2,475	4,895	27	207	234	4.1	67	28.6	1,292	26.6	67,732	13.8
Plastic Surgery	414	288	702	1	6	7	1.0	4	57.1	132	18.8	9,467	13.5
Orthopedics	808	686	1,494	1	15	16	1.1	5	31.3	313	21.0	25,563	17.1
Oral Surgery	72	69	141	0	0	0	—	0	—	120	85.1	660	4.7
Neurosurgery	466	313	779	9	35	44	5.6	29	65.9	263	33.8	13,420	17.2
Radiotherapy	8	10	18	0	0	0	—	0	—	7	38.9	258	14.3
Ophthamology	214	228	442	0	0	0	—	0	—	108	24.4	4,491	10.2
Otorhinolaryngology	277	284	561	1	2	3	.5	0	—	68	12.1	4,483	8.0
Gynecology	0	2,123	2,123	1	12	13	.6	7	53.8	406	19.1	14,426	6.8
Urology	1,074	336	1,410	0	23	23	1.6	14	60.9	368	26.1	18,533	13.1
Psychiatry	113	280	393	0	0	0	—	0	—	172	43.8	10,857	27.6
Newborn	0	1	1	0	0	0	—	0	—	0	—	1	1.0
TOTAL	8,316	9,365	17,681	129	608	737	4.2	261	35.4	4,891	27.7	244,697	13.8

ANALYSIS LABORATORY SERVICES
1975

		1975 Specimens	
MICROBIOLOGY	Clinical Bacteriology	74,082	
	Public Health Bacteriology	18,593	
	Tuberculosis Bacteriology	8,709	
	Sanitary Bacteriology	35,063	
	Serology	55,747	
	Virology	17,801	
	Electron Microscopy	443	
	DEPARTMENTAL TOTAL SPECIMENS	210,438	
PATHOLOGY	Autopsies	213	
	Surgical Specimens	17,198	
	O.R. quick sections	588	
	Cytology	76,271	
	Hematology Tests	367,532	(+27,726)*
	Clin Chemistry	764,187	(+349,426)*

* Figures in parentheses indicate work performed for other hospitals or agencies and not included in 1974 data.